

MORRISON

FOERSTER

19900 MACARTHUR BLVD.  
IRVINE  
CALIFORNIA 92612-2445  
TELEPHONE: 949.251.7500  
FACSIMILE: 949.251.0900  
WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.  
DENVER, NORTHERN VIRGINIA,  
ORANGE COUNTY, SACRAMENTO,  
WALNUT CREEK, CENTURY CITY  
TOKYO, LONDON, BEIJING,  
SHANGHAI, HONG KONG,  
SINGAPORE, BRUSSELS

RECEIVED  
CENTRAL FAX CENTER

JUN 14 2006

To:

NAME:	FACSIMILE:	TELEPHONE:
MS RCE	(571) 273-8300	

FROM: Barbara M. Hayashi

DATE: June 14, 2006

Number of pages with cover page:	5	Our Reference: 297912001602
----------------------------------	---	-----------------------------

Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

#### CAUTION - CONFIDENTIAL

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

#### Comments:

Application No. 10/603,952

Attached: 1) RCE Transmittal, 2) Fee Transmittal (original and duplicate), (3) Petition for Extension of Time - 1 page.

oc-314060

RECEIVED  
CENTRAL FAX CENTER

003

JUN 14 2006

PTO/SB/17 (04-06)

Approved for use through 7/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL</b> For FY 2006		Application Number	10/603,952
		Filing Date	June 25, 2003
		First Named Inventor	Peter L. HARRIS
		Examiner Name	D. H. Willse
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3738
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	297912001602

<b>METHOD OF PAYMENT</b> (check all that apply)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Each claim over 20 (including Reissues) <u>50</u> <u>25</u>							
Each independent claim over 3 (including Reissues) <u>200</u> <u>100</u>							
Multiple dependent claims <u>360</u> <u>180</u>							
<b>Total Claims</b> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>				<b>Multiple Dependent Claims</b>			
<u>- 20 =</u> <u>x</u> <u>=</u> <u>_____</u>				<u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>_____</u>			
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>				<u>_____</u>			
<u>- 3 =</u> <u>x</u> <u>=</u> <u>_____</u>				<u>_____</u>			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>				<u>_____</u> <u>=</u> <u>_____</u>			
<u>- 100 =</u> <u>/50</u> <u>(round up to a whole number)</u> <u>x</u> <u>=</u> <u>_____</u>				<u>Fees Paid (\$)</u> <u>_____</u>			
<b>4. OTHER FEE(S)</b>							
Non-English Specification. <u>\$130</u> fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1801 Request for continued examination (RCE) (see 37 ...</u> <u>790.00</u>							
<u>1251 Extension for response within first month</u> <u>120.00</u>							

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Todd W. Wight
Registration No. (Attorney/Agent)	45,218
Telephone	(949) 251-7189
Date	June 14, 2006

oc-315111